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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An A	Authorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 12FE4M5	
KUCINICH ACTION PA	AC			
ADDRESS (number and street)	545 E TOWN ST			
Check if different than previously	COLUMBUS		OH	43215
reported. (ACC)	MDED W	CITY A	L L STATE ▲	ZIP CODE ▲
2. FEC IDENTIFICATION NU	MREK <b>▼</b>		SIAIE	ZIF GODE A
C C00325704	3	. IS THIS NE REPORT (N)		NDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:		ay 20 (M5) Aug 20	year Only)  Dec 20 (M12) (Non-Election
_		Apr 20 (M4) Ju	I 20 (M7) Oct 20	Year Only) (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	1) (c) 12-Day	Primary (12P)	General (12	2G) Runoff (12R)
July 15 Quarterly Report (Q2	PRE-Election Report for the		2C) Special (12	S)
October 15 Quarterly Report (Q:	3)	M = M /	D D / Y Y Y Y Y	in the
Year-End Report (Yi	≣)Ele	ection on		State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Electio  Report for the	` ′	Runoff (30F	Special (30S)
Termination Report (TER)			D = D / Y = Y = Y	in the State of
5. Covering Period 10	01 20	16 through	11 28	2016
I certify that I have examined this	s Report and to the bes	at of my knowledge and be	lief it is true, correct and o	complete.
Type or Print Name of Treasurer	McTigue, Donald, J., ,			
Signature of Treasurer McTig	rue, Donald, J., ,	[Electronically F	Filed] Date 12	01 2016
NOTE: Submission of false, errone	ous, or incomplete inform	ation may subject the perso	n signing this Report to the	penalties of 52 U.S.C. § 30109
Office Use				FEC FORM 3X Rev. 05/2016

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	Page <b>2</b>	
٧	Write or Type Committee Name		
ŀ	KUCINICH ACTION PAC		
R	Report Covering the Period: From:		To: 11 28 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2016		917.35
	(b) Cash on Hand at Beginning of Reporting Period	797.07	
	(c) Total Receipts (from Line 19)	5500.00	9548.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6297.07	10465.35
7.	Total Disbursements (from Line 31)	6297.07	10465.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multi	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### **KUCINICH ACTION PAC**

Report Covering the Period: From:	01 2016	To: 11 28 2016
I. Receipts	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	5500.00	5500.00
(i) Remized (dee coneddic 7)	45 45 45	
(ii) Unitemized	0.00	48.00
(iii) TOTAL (add		7 7 7 7
Lines 11(a)(i) and (ii)▶	5500.00	5548.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	5500.00	5548.00
Totals to Line 33, page 5)	5500.00	3346.00
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
All Leans Despised	0.00	4000.00
3. All Loans Received	4 4	4 4
	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	4 4	4
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	4 4	4 4
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	4 4	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
=		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
<ul><li>7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li></ul>	5500.00	9548.00
D. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	5500.00	9548.00
(Subtract Line 10(s) from Line 13)	33333	3340.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal		Galoridai Toul-to-Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	6297.07	10377.37
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	6297.07	10377.37
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	200	0.00
and Other Political Committees  Independent Expenditures	0.00	0.00
(use Schedule E)Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Panaymente Mede	0.00	4 4 4
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(h) Political Ports Correspittors	4 4 4	4 4 4
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	
(add Lines 20(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		07.00
Non-Federal Donations)	0.00	87.98
Federal Election Activity (52 U.S.C. § 30101(20	))	
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	0.00	1
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	, , , , , , , , , , , , , , , , , , , ,	7
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6297.07	10465.35
Total Federal Disbursements	325.0.	7 7 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6297.07	10465.35

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

. = 0 1 01111 051 (1.011 00/2010)		. age c
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5500.00	5548.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5500.00	5548.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6297.07	10377.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6297.07	10377.37

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	6	OF	43	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	,	17

	nd Statements may not be sold or used by any p g the name and address of any political committee	
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC		
Full Name of Individual (Last, First, Middle Khawam, Elie, , , Mailing Address 638 Pathfinder Trail	e Initial) or Full Organization Name	Date of Receipt
		11 01 2016
City	State Zip Code	Transaction ID : SA11AI.7069
Anahiem Hills	CA 92807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Business Owner	Dyer oil, inc	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	]
Full Name of Individual (Last, First, Middle Kushi, Midori, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address PO Box 110145		10 18 2016
City	State Zip Code	
Cleveland	OH 44111	Transaction ID : SA11AI.7067  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) None	Occupation (for Individual) None	Memo Item Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	]
SUBTOTAL of Receipts This Page (optional	l)	5500.00
TOTAL This Period (last page this line num	ber only)	5500.00

### 17

SCHEDULE B (FEC Form 3X)	llac -					PAGE	7 OF 4	
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(0110011 0111		¬ ₀₀   ⊏	7.0C	07	
		Summary Page	<b>X</b> 21b 28a	22 28b	23 28c	26	27 30b	
Any information against form and Demark and Co.	iomorata :====	not be seld						
Any information copied from such Reports and Stat or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)								
KUCINICH ACTION PAC								
Full Name (Last, First, Middle Initial)				5				
A. Blue State Digital					isburseme			
Mailing Address 406 7th St NW				11 07 2016				
3rd Flr								
City	State	Zip Code		FEC Iden	tification N	lumber		
Washington Purpose of Disbursement	DC	20004					$\neg$	
Technology & Online Contribution Fees				C_		00010.70		
Candidate Name			Category/			: SB21B.70 sbursement	-	
			Type					
	ement For:	0			7	3	500.00	
Senate President	Other (spe	General						
State: District:	_ Curior (opt	50iiy) <b>▼</b>		Mem	o Item			
Full Name (Last, First, Middle Initial)								
B. McTigue & Colombo LLC				Date of D	isburseme	ent		
					M = M / D = D / Y = Y = Y			
Mailing Address 545 E Town Street				11	12	20	16	
City	State	Zip Code		FFC Iden	tification N	lumher		
Columbus	ОН				FEC Identification Number			
Purpose of Disbursement Legal Services					C			
Candidate Name					Transaction ID : SB21B.7071  Amount of Each Disbursement this Period			
			Category/ Type	Amount	I Each Di	spursement	triis Period	
Office Sought: House Disburs	ement For:	nent For: Primary General			<b>7</b> 5	2	797.07	
Senate	Primary				,	,		
President State: District:	Other (spe	ecity)		Mem	o Item			
Full Name (Last, First, Middle Initial)								
C.				Date of D	isburseme	ent		
				M M	/ D D	/ Y Y	YYY	
Mailing Address						l L.		
City	State	Zip Code		FFC Iden	tification N	lumber		
Purpose of Dishursoment				1.7			$\neg$	
Purpose of Disbursement		C						
Candidate Name	Category/	Amount o	f Fach Die	sbursement	this Pariod			
	Type	, anount c	. Lacii Di	, our sometil	I GIIOU			
	ement For:			]	7		-45-	
Senate	Primary	Primary General Other (specify) ▼						
State: District:	ecny) ▼		Mem	o Item				
Side Side Side Side Side Side Side Side								
SUBTOTAL of Disbursements This Page (optional	)				-	6	5297.07	
	,			-	7	7		
TOTAL This Period (last page this line number on	ly)			1		(	5297.07	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

			TOTAL EINE 13 OF FORTING 3X
AME OF COMMITTEE (In Full CUCINICH ACTION PA			Transaction ID: SC/10.5313
T			N
LOAN SOURCE Full Name Kucinich, Dennis, , ,	e (Last, First, M	iddle Initial)	Memo Item   Election: Primary
Mailing Address PO Box 110145			General Other (specify) ▼
ag / taa. eee PO BOX 110	7145		cute. (cpccii,)
City		State	ZIP Code
Cleveland		ОН	44111
Original Amount of Loan		Cumulative Pa	ment To Date  Balance Outstanding at Close of This Period
	1000.00		0.00
TERMS  Date Incurred	i	[	ate Due Interest Rate Secured:
M 12 M / D 26 D / Y	Ž012 Y	M = M / D = D	/ N/A
List All Endorsers or Guara	antors (if any)	to Loan Source	
1. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	iddle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This	Page (optional)		
			0.00
OTALS This Period (last page	e in this line on	ly)	······································
Carry outstanding balance onl	v to LINE 3. Sc	hedule D. for thi	line. If no Schedule D. carry forward to appropriate line of Summary.

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.5313

(Current loan amount of 1000.00 from a balance of 1000.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) KUCINICH ACTION PAC		Transaction ID : SC/10.5315
LOAN SOURCE Full Name (Last, First, M Kucinich, Dennis, , ,	liddle Initial)	N
Mailing Address PO Box 110145		☐ Other (specify) ▼
City	State	ZIP Code
Cleveland	ОН	44111
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1700.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 07  /	M = M / D = D	/ N/A
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	)	0.00
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. So	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.5315

(Current loan amount of 1700.00 from a balance of 1700.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 43

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.5316 **KUCINICH ACTION PAC** Election: Memo Item Primary General Mailing Address PO Box 110145 Other (specify) ▼ City State ZIP Code Cleveland 44111 OH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 850.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 08 01 2013 N/A 0.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: SC/10 Transaction ID: SC/10.5316

(Current loan amount of 850.00 from a balance of 850.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.5317 **KUCINICH ACTION PAC** Election: Memo Item Primary General Mailing Address PO Box 110145 Other (specify) ▼ City State ZIP Code Cleveland 44111 OH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 2000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 23 09 2013 N/A 0.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.5317

(Current loan amount of 2000.00 from a balance of 2000.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) KUCINICH ACTION PAC		Transaction ID : SC/10.5318
LOAN SOURCE Full Name (Last, First, Mi Kucinich, Dennis, , ,	ddle Initial)	N
Mailing Address PO Box 110145		U Other (specify) ▼
City	State	ZIP Code
Cleveland	ОН	44111
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
450.00	1	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 12 M / D 20 D / Y 2013 Y	M   M / D   D	/ N/A 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5318

(Current loan amount of 450.00 from a balance of 450.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.5319 **KUCINICH ACTION PAC** Election: Memo Item Primary General Mailing Address PO Box 110145 Other (specify) ▼ City State ZIP Code Cleveland 44111 OH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 500.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 03 11 2014 N/A 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5319

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) KUCINICH ACTION PAC		Transaction ID : SC/10.5320
LOAN SOURCE Full Name (Last, First, M Kucinich, Dennis, , ,	iddle Initial)	N
Mailing Address PO Box 110145		U Other (specify) ▼
City	State	ZIP Code
Cleveland	ОН	44111
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
2500.00		0.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 03 M / D 11 D / Y 2014 Y	M = M / D = D	/ N/A 0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line on		
Carry outstanding balance only to LINE 3. Sc	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.5320

(Current loan amount of 2500.00 from a balance of 2500.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	22	OF	43	
FOR	I INE 1	13 OE	FORM 3Y	

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.5321 **KUCINICH ACTION PAC** Election: Memo Item Primary General Mailing Address PO Box 110145 Other (specify) ▼ City State ZIP Code Cleveland 44111 OH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 250.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 22 04 2014 N/A 0.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5321

(Current loan amount of 250.00 from a balance of 250.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.5322 **KUCINICH ACTION PAC** Election: Memo Item Primary General Mailing Address PO Box 110145 Other (specify) ▼ City State ZIP Code Cleveland 44111 OH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 250.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 22 04 2014 N/A 0.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5322

(Current loan amount of 250.00 from a balance of 250.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) KUCINICH ACTION PAC	Transaction ID : SC/10.5323	
ROCINICH ACTION PAC		
LOAN SOURCE, Full Name (Last, First, Kucinich, Dennis, , ,	Middle Initial)	N ☐ Memo Item Election:  Primary  General
Mailing Address PO Box 110145		Other (specify) ▼
City State ZIP Cod		ZIP Code
Cleveland OH 44		44111
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
250.00		0.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M04 / 22 / Y 2014 Y	M = M / D = D	/ N/A 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Mailing Address		Coorpaion
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	0.00
TOTALS This Period (last page in this line of		
Carry outstanding balance only to LINE 3.	Schedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5323

(Current loan amount of 250.00 from a balance of 250.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Political culturally rage Torrible 13 Or Fortivi SX
NAME OF COMMITTEE (IN FUII) KUCINICH ACTION PAC	Transaction ID : SC/10.5324	
LOAN SOURCE Full Name (Last, First, Kucinich, Dennis, , ,	Middle Initial)	N
Mailing Address PO Box 110145		Other (specify) ▼
City State ZIP Co		ZIP Code
Cleveland	ОН	44111
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
250.00		0.00
TERMS  Date Incurred		ate Due Interest Rate Secured:
M 04	M = M / D = D	/ N/A 0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any	v) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	0.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line If no Schedule D. carry forward to appropriate line of Summary

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5324

(Current loan amount of 250.00 from a balance of 250.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.5325 **KUCINICH ACTION PAC** Election: Memo Item Primary General Mailing Address PO Box 110145 Other (specify) ▼ City State ZIP Code Cleveland 44111 OH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 250.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 22 04 2014 N/A 0.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5325

(Current loan amount of 250.00 from a balance of 250.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTT LINE 15 OF TOTHWI 5X
NAME OF COMMITTEE (IN FUII) KUCINICH ACTION PAC	Transaction ID : SC/10.5326	
LOAN SOURCE Full Name (Last, First, Kucinich, Dennis, , ,	Middle Initial)	N
Mailing Address PO Box 110145		Other (specify) ▼
City	State	ZIP Code
Cleveland	ОН	44111
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
250.00		0.00
TERMS  Date Incurred		ate Due Interest Rate Secured:
M 04	M = M / D = D	/ N/A 0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any	v) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	0.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	line If no Schedule D. carry forward to appropriate line of Summary

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5326

(Current loan amount of 250.00 from a balance of 250.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary Page F	FOR LINE 13 OF FORM 3X	
AME OF COMMITTEE (In Full)  Transaction ID : SC/10.5327				) : SC/10.5327	
KUCINICH ACTION PAC					
LOAN SOURCE Full Name (Last, First, Middle Initial)			N Memo Item Election		
Kucinich, Dennis, , ,				nary neral	
Mailing Address PO Box 110145				er (specify) ▼	
3 3 4 4 4 4 1 O BOX 110140	Walling Address PO Box 110145				
City State ZIP Code					
Cleveland		ОН	44111		
Original Amount of Loan		Cumulative Pay	t To Date Balance Outsi	tanding at Close of This Period	
2	50.00	4	0.00	0.00	
TERMS		5	Dura Bahawa di Baha	On some di	
Date Incurred	Y	Da	Due Interest Rate	Secured:	
M 04	1		N/A 0.00	% (apr) Yes X No	
List All Endorsers or Guarantors	s (if any)	to Loan Source			
1. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	171171	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in the	nis line on	ly)	······	,	
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	e. If no Schedule D, carry forward to a	ppropriate line of Summary.	

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5327

(Current loan amount of 250.00 from a balance of 250.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.5328 **KUCINICH ACTION PAC** Election: Memo Item Primary General Mailing Address PO Box 110145 Other (specify) ▼ City State ZIP Code Cleveland 44111 OH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 250.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 22 04 2014 N/A 0.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5328

(Current loan amount of 250.00 from a balance of 250.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary Page FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full)  Transaction ID : SC/10.7005				
KUCINICH ACTION PAC				
LOAN SOURCE Full Name (Last, First, Middle Initial)			N ☐ Memo Item Election:	
Kucinich, Dennis, , ,			Primary  General	
Mailing Address PO Box 1101	<u></u>		Other (specify) ▼	
ag / taa. eee PO Box 1101	Mailing Address PO Box 110145 ☐ Other (specify) ▼			
City		ZIP Code		
Cleveland		ОН	44111	
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period	
7 7	2000.00	4	0.00	
TERMS				
Date Incurred	YYY	M M / D D	Date Due Interest Rate Secured:	
05 19	2015		/ N/A 0.00	
List All Endorsers or Guara	ntors (if any)	to Loan Source		
1. Full Name (Last, First, Mic	ldle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page	in this line onl	y)	······································	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

#### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.7005

(Current loan amount of 2000.00 from a balance of 2000.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) KUCINICH ACTION PAC	Transaction ID : SC/10.7059		
LOAN SOURCE Full Name (Last, First, Mi Kucinich, Dennis, , ,	ddle Initial)	N  ☐ Memo Item	
Mailing Address PO Box 110145		Under (Specify) ▼	
City State ZIP Cod		ZIP Code	
Cleveland	ОН	44111	
Original Amount of Loan Cumulative Payment To		ment To Date Balance Outstanding at Close of This Period	
2000.00	7	0.00	
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:	
M 01 M / D 08 D / Y 2016	M   M / D   D	/ N/A Y No W (apr) Yes X No	
List All Endorsers or Guarantors (if any) t	o Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
carry outstanding balance only to LINE 3. Sci	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.	

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.7059

(Current loan amount of 2000.00 from a balance of 2000.00 has been forgiven)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTT LINE 15 OF TOTHWI 5X	
IAME OF COMMITTEE (In Full) KUCINICH ACTION PAC	Transaction ID : SC/10.7055		
LOAN SOURCE Full Name (Last, First, I Kucinich, Dennis, , ,	Middle Initial)	N	
Mailing Address PO Box 110145		Other (specify) ▼	
City State ZIP Cod		ZIP Code	
Cleveland	ОН	44111	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
2000.00		0.00	
TERMS  Date Incurred		ate Due Interest Rate Secured:	
M 01 M / D 15 D / Y 2016	M = M / D = D	% (apr) Yes X No	
List All Endorsers or Guarantors (if any	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	,	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optiona	l)	0.00	
TOTALS This Period (last page in this line only)			
Carry outstanding halance only to LINE 3.5	chedule D for this	line If no Schedule D. carry forward to appropriate line of Summary	

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.7055

(Current loan amount of 2000.00 from a balance of 2000.00 has been forgiven)